

Name
in
Full

Evelina Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

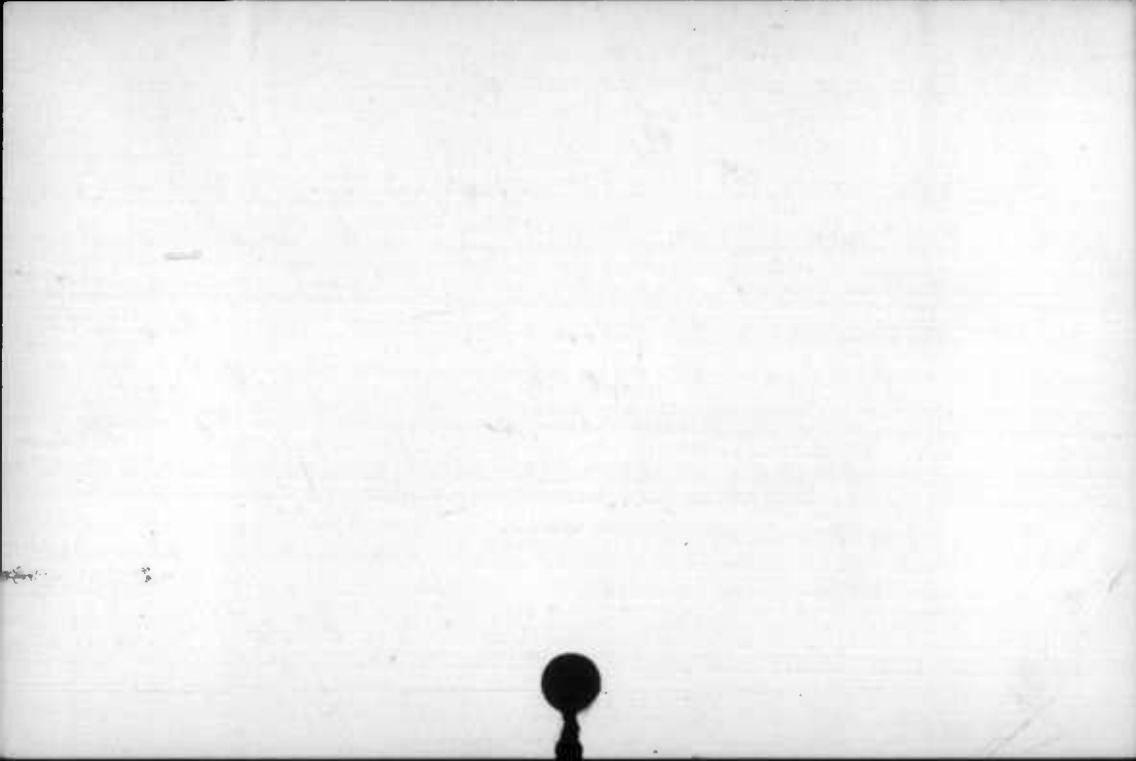
Died at <u>Glebe</u> Town		<u>Lehigh</u> County		MARYLAND	
Date of death	1909	Month	Feb	Day	11
Age	28	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Chasled
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Married		Daniel Brown			
Father's Name	Langellen Wells			Father's Birthplace	Chasled
Mother's Maiden Name	Maria Bell			Mother's Birthplace	Chasled
Name of person giving information	Geo H Shadr			How related to deceased	Son

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>don't know</u>	How long	
Immediate	<u>don't know</u>	How long	<u>Bydden</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. W. Simpson</u>
		Address	<u>Subregister</u>
Accident or Suicide?			



Name
in
Full

Luluinda Brown

CERTIFICATE OF DEATH

Town

County

Died at

Pomunkey

Charles

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909 Feb.

10

Age

100

Sex

Female

Color or
Race

Colored

Birth-
place

Charles Co. Md

Occupation

Housewife

Where Residing if not
at place of death

Pomunkey Md-

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Wallace Brown

Father's
Name

Stephen Blair

Father's
Birthplace

Charles Co. Md

Mother's
Maiden Name

Sarah Blair

Mother's
Birthplace

Charles Co. Md

Name of person giving
information

Sydney Harrison

How related
to deceased

Grandson

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 week

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

ye.

Signature of
Physician

Address

J. W. Mitchell M.D.
Pomunkey
Md-

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Winifred Macon Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

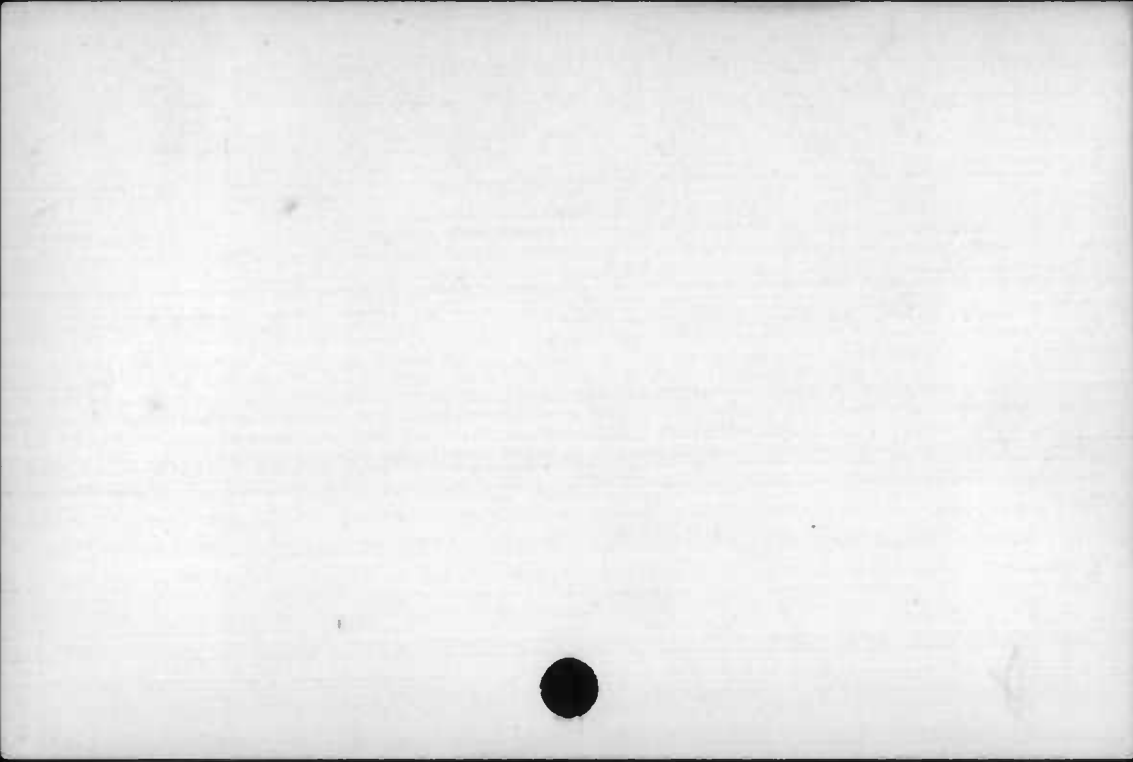
Died at <i>La Plata</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>14th</i>	Age <i>1</i>	Months <i>4</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>D. M. Brown</i>			Father's Birthplace <i>West Virginia</i>		
Mother's Maiden Name <i>Iida Corin</i>			Mother's Birthplace <i>West Virginia</i>		
Name of person giving information <i>D. M. Brown</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Acute Broncho-Pneumonia</i>	How long	<i>36 hours</i>
Immediate	<i>Cardiac Failure</i>	How long	<i>hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos. S. Owen, M.D.</i>	
Address <i>La Plata</i>		Ind <i>Ind</i>	
Accident or Suicide? <i>no</i>			



Name
in
Full

Alonzo Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pisgah* Town*Charles* CountyDate of death *1909 Feb.* Month*7* DayAge *12* Years

Months

Days

Sex *Male*Color or Race *collord*Birth-place *chas co Md.*

Occupation

*none*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*none*Father's
Name*Zebbie Butler*Father's
Birthplace*chas co. Md*Mother's
Maiden Name*Laura Brisco*Mother's
Birthplace*chas co Md*Name of person giving
In formation*Samuel Brisco*How related
to deceased*uncle*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

6 mos.

Immediate

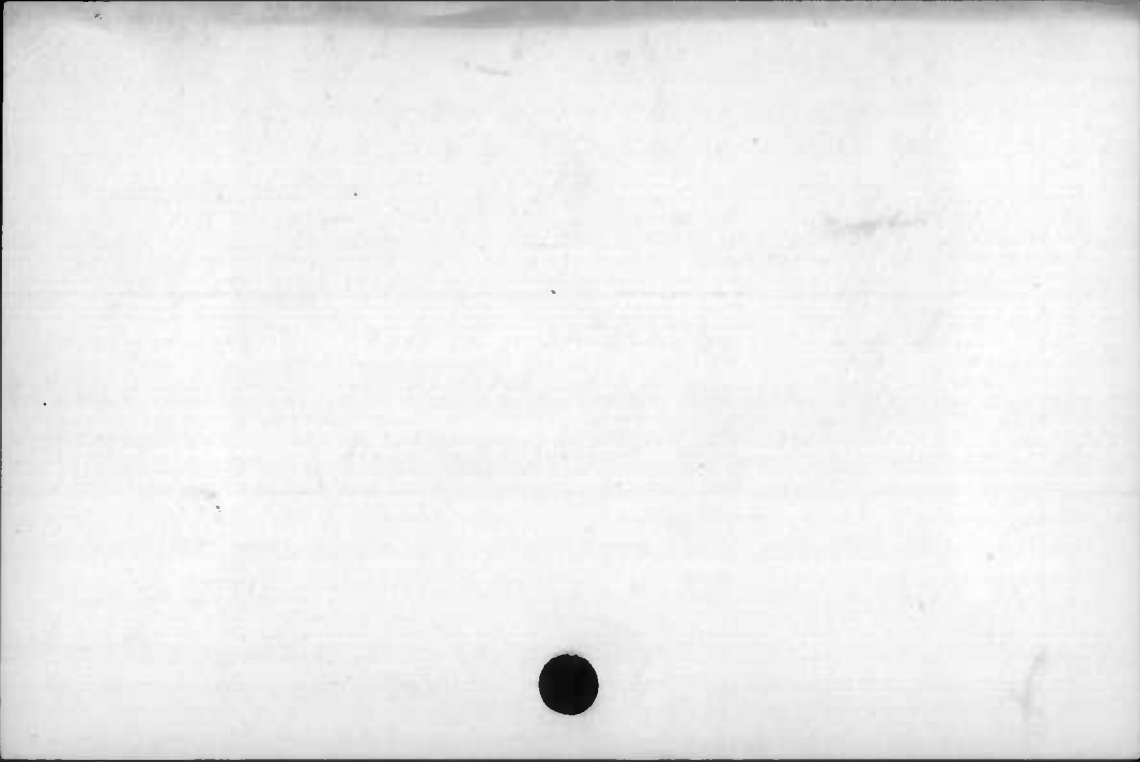
How long


Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

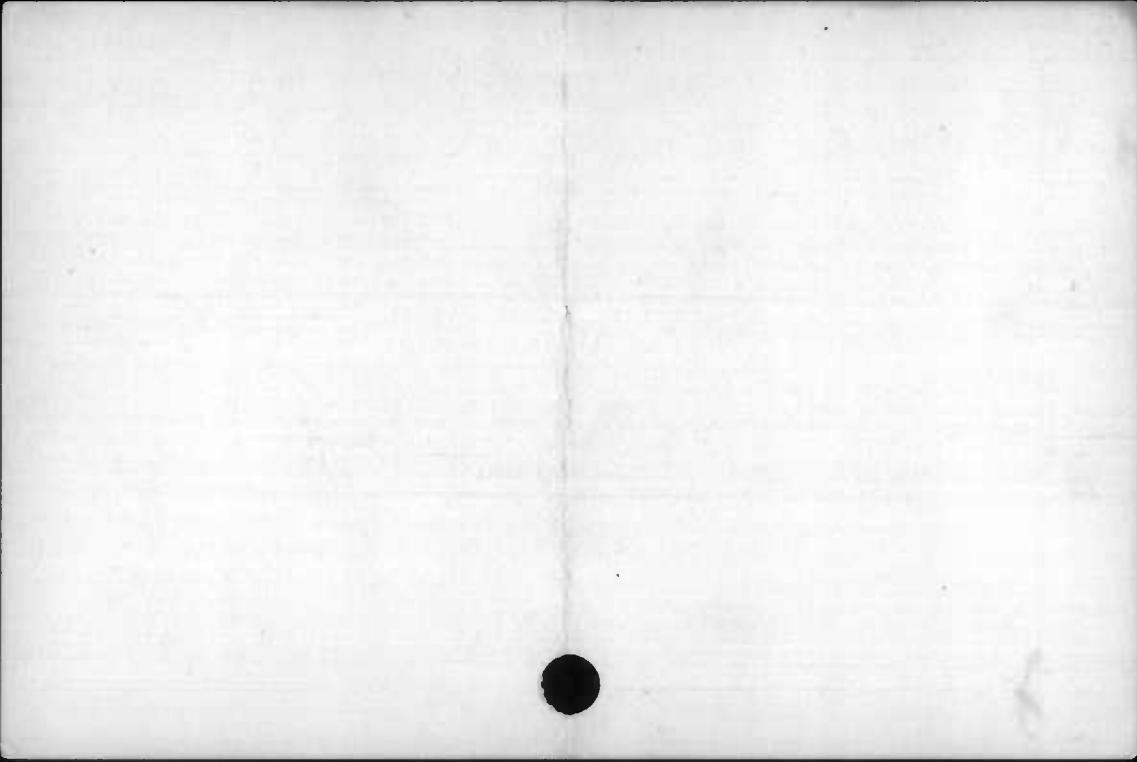
Address

*G. C. Bicknell, M.D.
Pisgah
Md*

Accident or Suicide?



Name in Full		Stephen Butler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Hughesville				Charles		
	Date of death	1909	Month	2	Day	3	Age
					Years		82
					Months		—
					Days		—
	Sex	Male		Color or Race	Black		Birth-place
Occupation	Unoccupied		Where Residing if not at place of death		Hughesville Md		
Married, Single or Widowed	Widower		Name of Wife or Husband		Cornelius Butler		
Father's Name	Mark Butler				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown to person giving information				Mother's Birthplace	Unknown	
Name of person giving information	Geo. W. Johnson				How related to deceased	Brother in Law	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">79</div>							
PHYSICIAN OR CORONER	Primary	Valvular lesion				How long	5 years
	Immediate	Heart-failure				How long	10 minutes
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				H. C. Chappellor Md.		
	Address				Hughesville Md		
<div style="display: flex; justify-content: space-between;"> <div>  </div> <div> Accident or Suicide? </div> </div>							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jno. S Greer, Jr</i>		Town <i>Welcome</i>		County <i>Charles</i>		MARYLAND	
Died at <i>Welcome</i>		Month <i>Feb</i>		Day <i>12</i>		Years <i>63</i>	
Date of death <i>1909</i>		Month <i>Feb</i>		Day <i>12</i>		Age <i>63</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth- place <i>Charles Co</i>		Months <i>—</i>	
Occupation <i>farmer</i>		Where Residing if not at place of death <i>—</i>		Days <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Greer</i>		Father's Birthplace <i>Charles Co</i>					
Mother's Maiden Name <i>Jane Naylor</i>		Mother's Birthplace <i>Charles Co</i>					
Name of person giving In formation <i>J. S Greer Jr</i>		How related to deceased <i>son</i>					
		CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary <i>Crown Valvular Disease of Heart</i>		How long <i>about 3 years</i>	
Immediate <i>Cardiac Failure</i>		How long <i>Suddenly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S Owen M.D.</i>	
Accident or Suicide? <i>no</i>		Address <i>La Plata Md</i>	



Name
in
Full

Groves. Infant
Charles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Grayton</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Feb</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <small>Years</small>	<i>4</i> <small>Months</small>	<i>Four</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>(blank)</i>			Where Residing if not at place of death <i>(blank)</i>		
Married, Single or Widowed <i>(blank)</i>		Name of Wife or Husband <i>(blank)</i>			
Father's Name <i>Thomas Groves</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Hannah Murphy</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Thomas Groves</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature</i>	<i>7</i> <small>How long</small>
Immediate <i>months</i>	<i>(blank)</i> <small>How long</small>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James A. Shuler</i>
	Address <i>Sub-Registrar</i>
Accident or Suicide? <i>(blank)</i>	



88

Name
in
Full

Kate R Hancock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

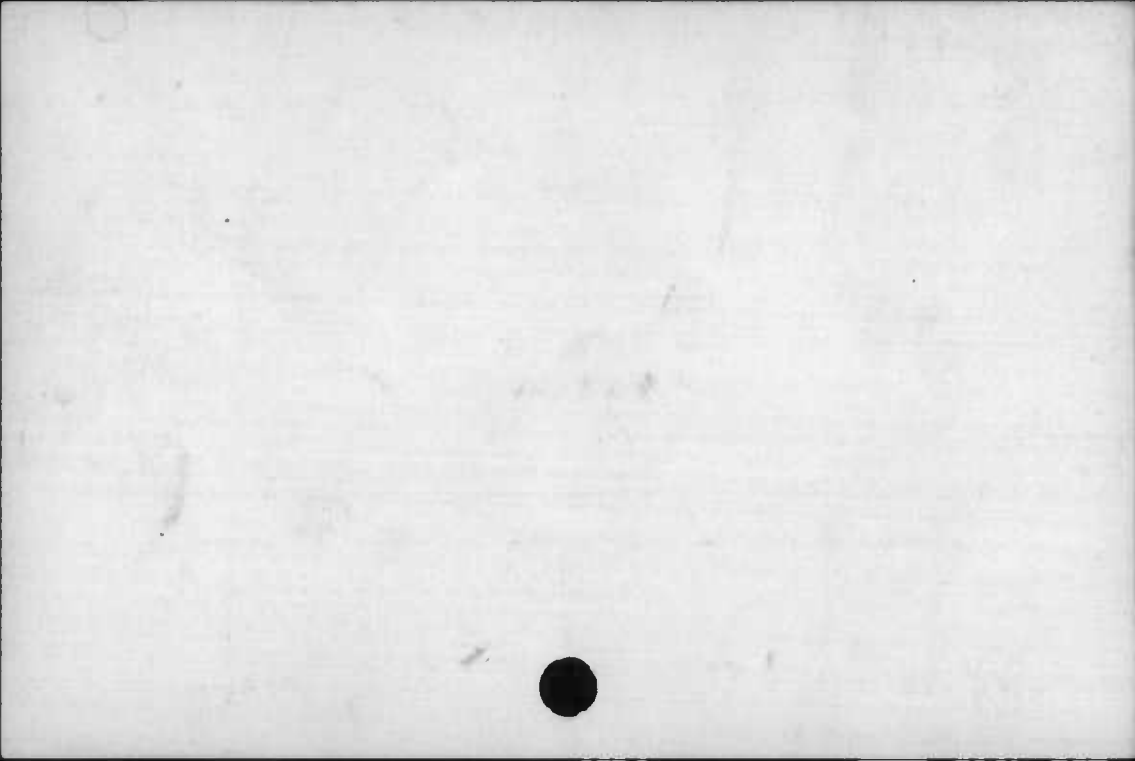
Died at <i>Wm Bonquet</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb.</i>	Day <i>24</i>	Age <i>54</i>	Years	Months	Days	
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>				
Occupation <i>housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John H. Hancock</i>					
Father's Name <i>John H. Cox</i>			Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Ann F. Johnson</i>			Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>Milfred Hancock</i>			How related to deceased <i>son</i>				

CAUSES OF DEATH

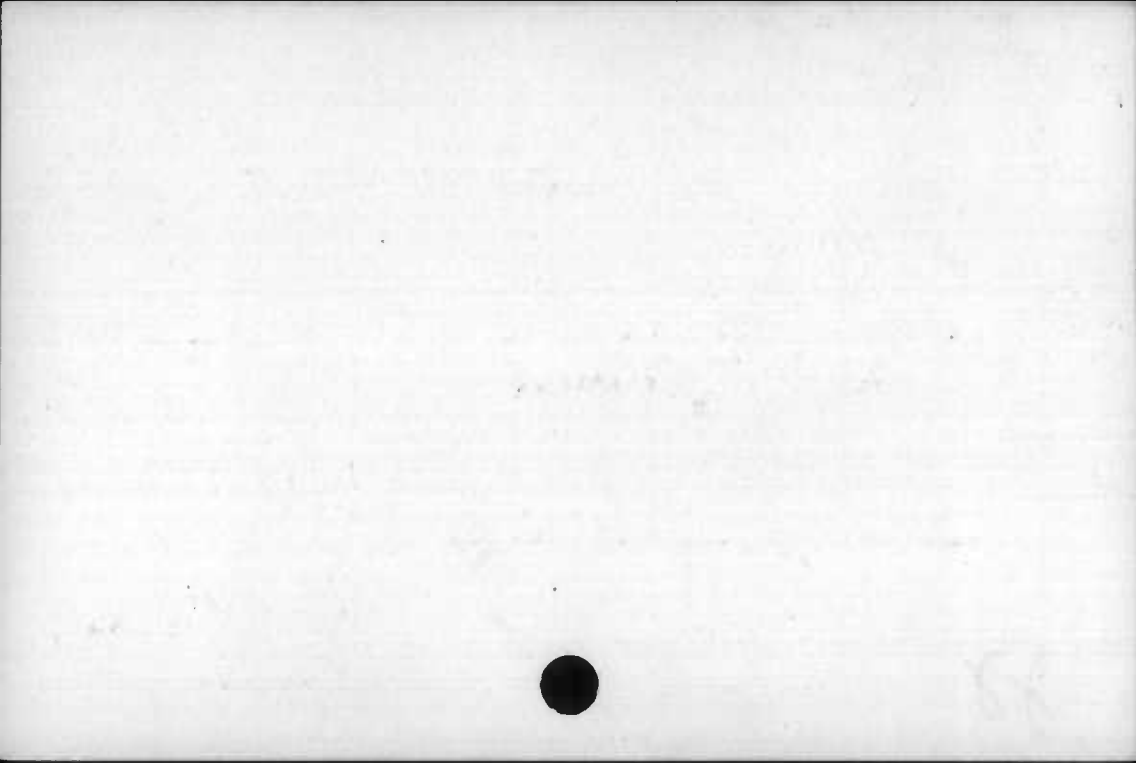
42

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of uterus</i>	How long <i>about 10 mos.</i>
Immediate <i>Acute General Peritonitis - Collopor</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen M.D.</i>
<i>J</i>	Address <i>La Plata</i>
	<i>md</i>
Accident or Suicide? <i>no</i>	



Name in Full		John Hart.				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Chicamux		Charles		MARYLAND		
		Date of death		1909	Month	Feb	Day	10
		Age		78	Years		Months	Days
		Sex		Male	Color or Race		Colored	Birth-place
		Occupation		Laborer	Where Residing if not at place of death		Chas. Co. Md.	
Married, Single or Widowed		Married	Name of Wife or Husband		Lizzie Hart			
Father's Name		Nace Ward				Father's Birthplace		
Mother's Maiden Name		Minnie Hart				Mother's Birthplace		
Name of person giving information		John H. Turner				How related to deceased		
						None		
		CAUSES OF DEATH				154		
PHYSICIAN OR CORONER		Primary		Senility		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		8		Address		Geo. C. Bicknell		
Accident or Suicide?						Piquette, Md.		



Name
in
Full

CERTIFICATE OF DEATH

Joseph H. Harbrie

Town

County

MARYLAND

Died at

Perryman

Charles

Date

of death 1909 Feb 18

Day

Age

Years

12

Months

11 -

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Perryman Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Josiah Harbrie

Father's
Birthplace

Ches. Co Md

Mother's
Maiden Name

Alice L. Thompson

Mother's
Birthplace

" "

Name of person giving
In formation

Josiah Harbrie

How related
to deceased

" Father

CAUSES OF DEATH

Primary

Cerebrospinal Meningitis

How long

Two weeks -

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Mitchell M.D.

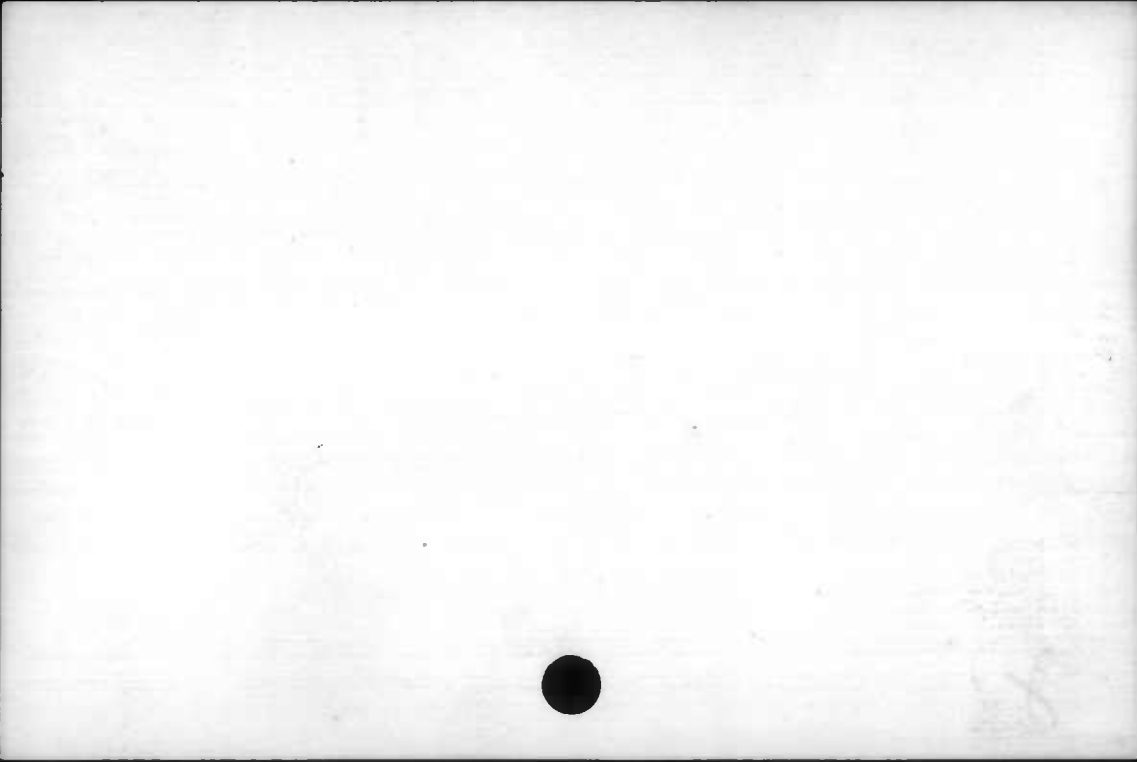
Address

Perryman Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Hemmersley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

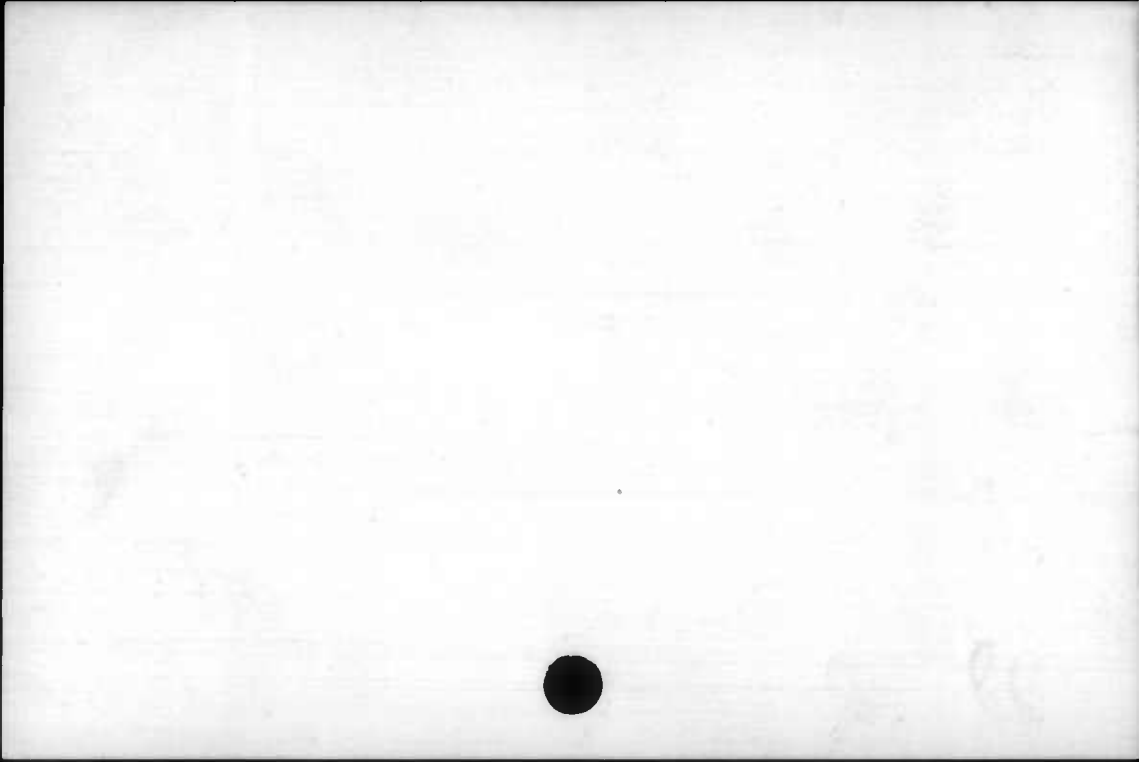
Died at		Town Pomontkey		County Charles		MARYLAND			
Date of death		1909	Month Feb.	Day 5	Age	Years	Months	Days	
Sex		female		Color or Race		Colored		Birth-place	Pomontkey.
Occupation		none		Where Residing if not at place of death		Pomontkey.			
Married, Single or Widowed		—		Name of Wife or Husband		—			
Father's Name		Simon Hemmersley.				Father's Birthplace		Chas. Co.	
Mother's Maiden Name		Elizabeth Key.				Mother's Birthplace		Chas. Co.	
Name of person giving information		Simon Hemmersley				How related to deceased		father.	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	capillary bronchitis	How long	4 or 5 days
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J yes		B. W. Downes, Jr.	
Accident or Suicide?		Address	
—		J. W. Mitchell, M. D. Pomontkey, Mo.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Jordan

Town

Mary

County

Charles

MARYLAND

Date

of death

1909

Month

Feb

Day

21

Age

Years

45

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Co. Md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Julce Jordan

Father's
Name

William Jordan

Father's
Birthplace

St. Marys Co. Md

Mother's
Maiden Name

Elizabeth Perry

Mother's
Birthplace

Charles Co. Md

Name of person giving
Information

John Turner

How related
to deceased

None

CAUSES OF DEATH

79

Primary

Chronic Myocarditis

How long

5 years.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

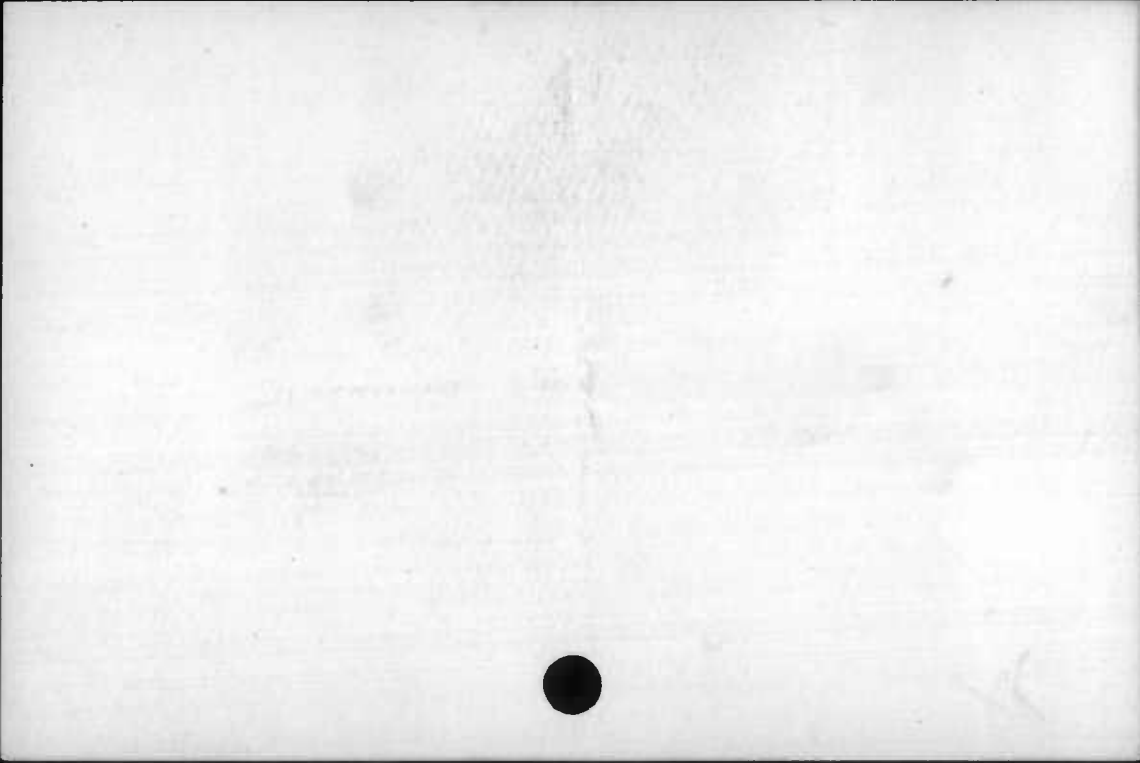
Yes.

Signature of
Physician

Address

J. R. Becknell
Fingert,
Md.

Accident or Suicide?



Name
in
Full

Paul Morrice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Doncaster* ^{Town}*Charles* ^{County}

MARYLAND

Date
of death *1909*Month
*Feb.*Day
22

Age

Years

Months
8

Days

Sex *Male*Color or
Race*Black*Birth-
place*Ind*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Unknown*Father's
Birthplace*Unknown*Mother's
Maiden Name*Jamie Morrice*Mother's
Birthplace*Ind*Name of person giving
In formation*Robert Berry*How related
to deceased*Nephew*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 week

Immediate

How long

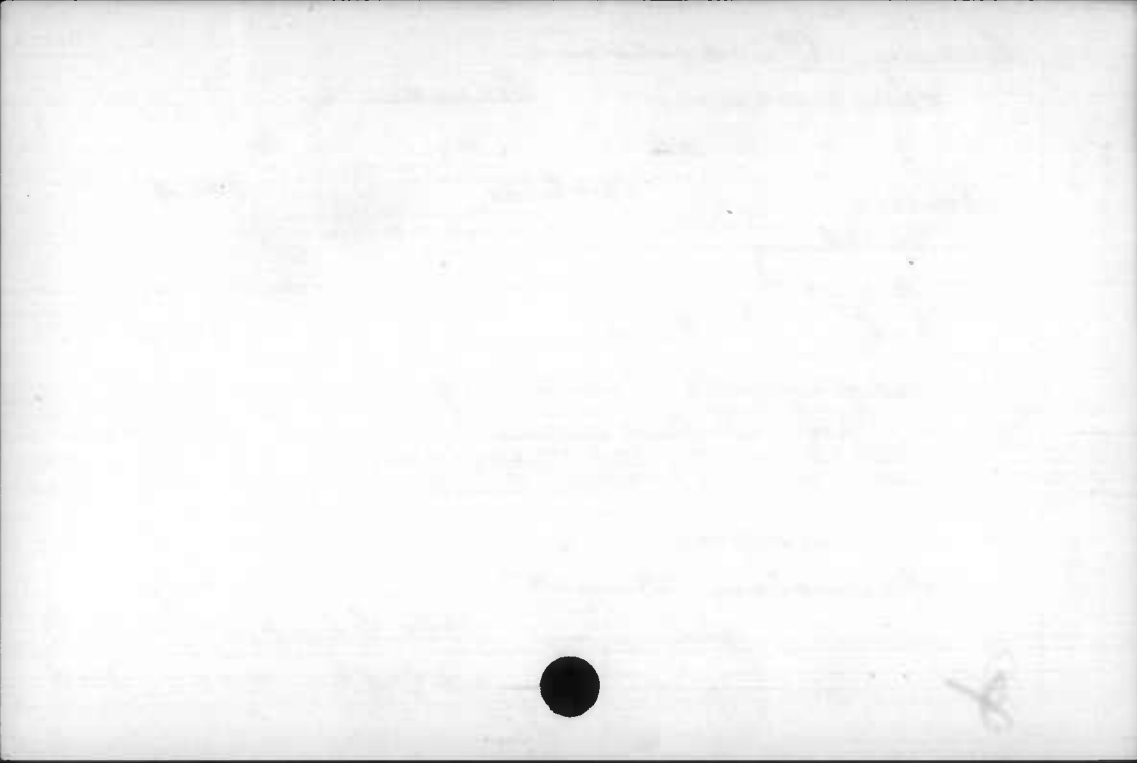
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*James M. Wheeler**Grayton. Ind.**Sub-Registrar*

Accident or Suicide?

C



Name
in
Full

Peter Pickeral

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

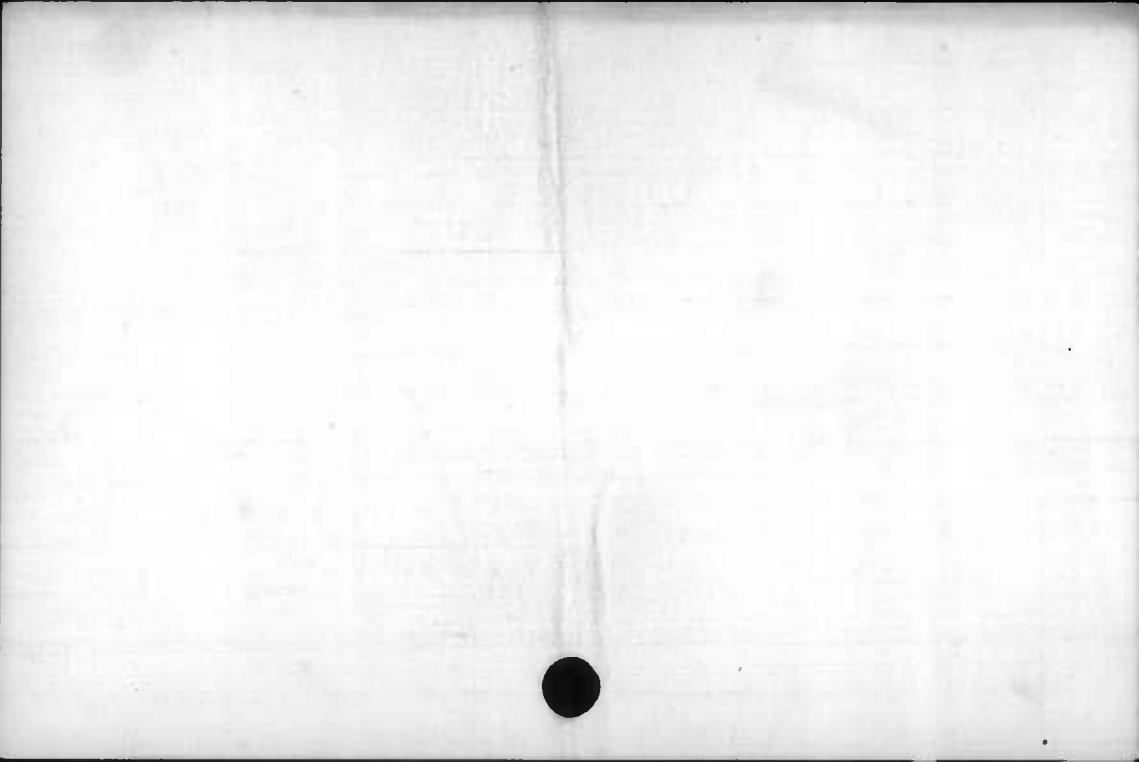
Died at <i>Mar Wadov</i>		Town <i>Coluche</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>July</i>	Day <i>19</i>	Age <i>59</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rebecca King</i>					
Father's Name <i>John Pickeral</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>C. Pickeral</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving Information <i>B. F. King</i>			How related to deceased <i>Brother in Law</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>Two days</i>
Immediate <i>Pneumonia</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Munn</i>
	Address <i>Wadov Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Leroy Pickulson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bryantown</u>		County <u>Charles</u>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1909	2	26	2	2	6
Sex	Color or Race		Birth-place		
Male	White		Md		
Occupation	Where Residing if not at place of death				
Nothing	—				
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	Father's Birthplace				
John T. Pickulson	Md				
Mother's Maiden Name	Mother's Birthplace				
Agnes R. Hadamg	Md				
Name of person giving information	How related to deceased				
John T. Pickulson	Father				

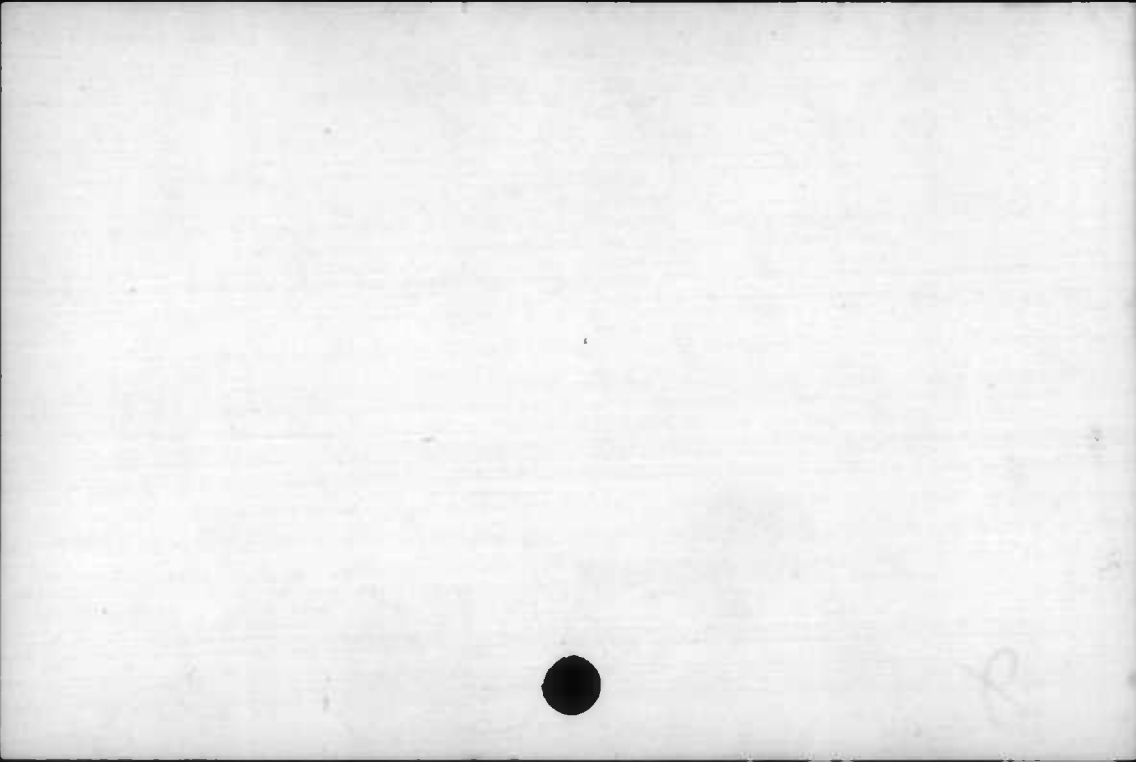
24

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	10 days
Immediate	Paralysed Heart	How long	2 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	O. H. Chappeler Md
		Address	Highview Md
Accident or Suicide?			



Name
in Full

Mary R Rowles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

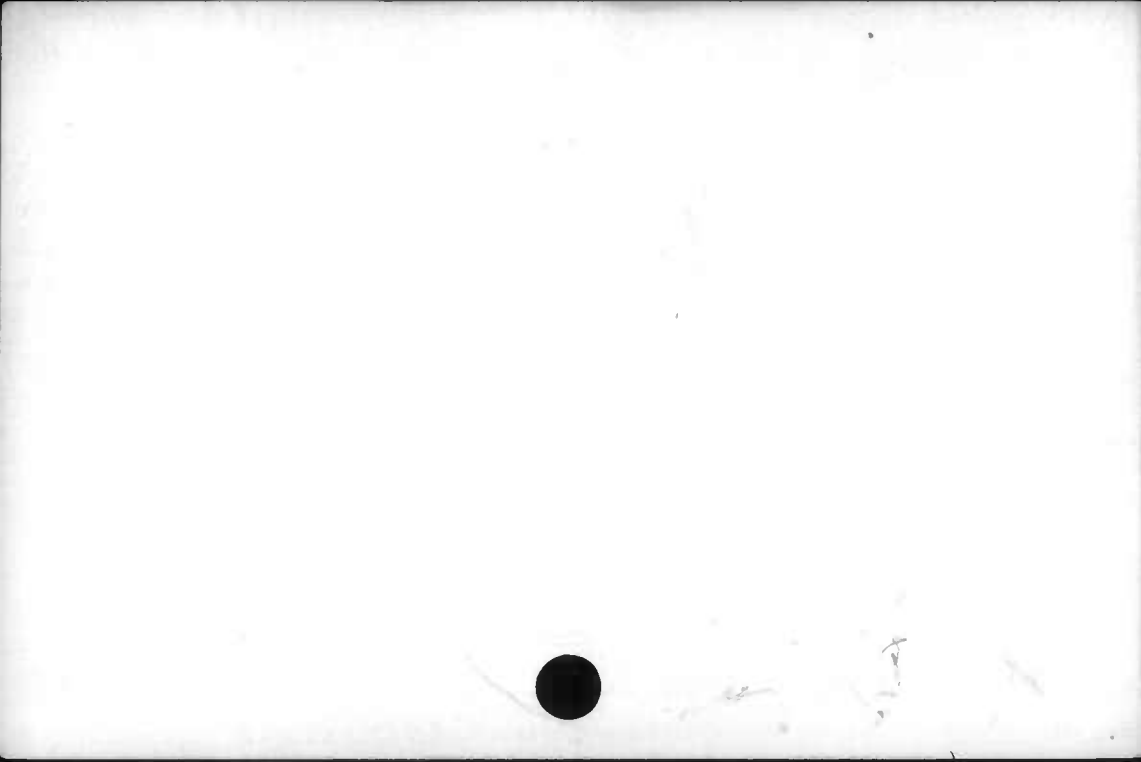
Died at <u>Rock Point</u> <small>Town</small>		<u>Chas</u> <small>County</small>		MARYLAND	
Date of death 1909 <u>Feb</u> <small>Month</small> <u>10</u> <small>Day</small>		Age <u>68</u> <small>Years</small>		<u>Months</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Chas Co</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>1</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Grafton Rowles</u>			
Father's Name <u>William Simms</u>		Father's Birthplace <u>Chas Co</u>			
Mother's Maiden Name <u>Priscilla Goldsboro</u>		Mother's Birthplace <u>Chas Co</u>			
Name of person giving Information <u>Grafton Rowles</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

144

PHYSICIAN
OR CORONER

Primary <u>Abdominal Abscess</u>	How long <u>3 mos.</u>
Immediate <u>Rupture of Abscess</u>	How long <u>after home</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. L. Higdon</u>
Address <u>Amesbury, Md.</u>	
Accident or Suicide	



Name
in
Full

Robert Short

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

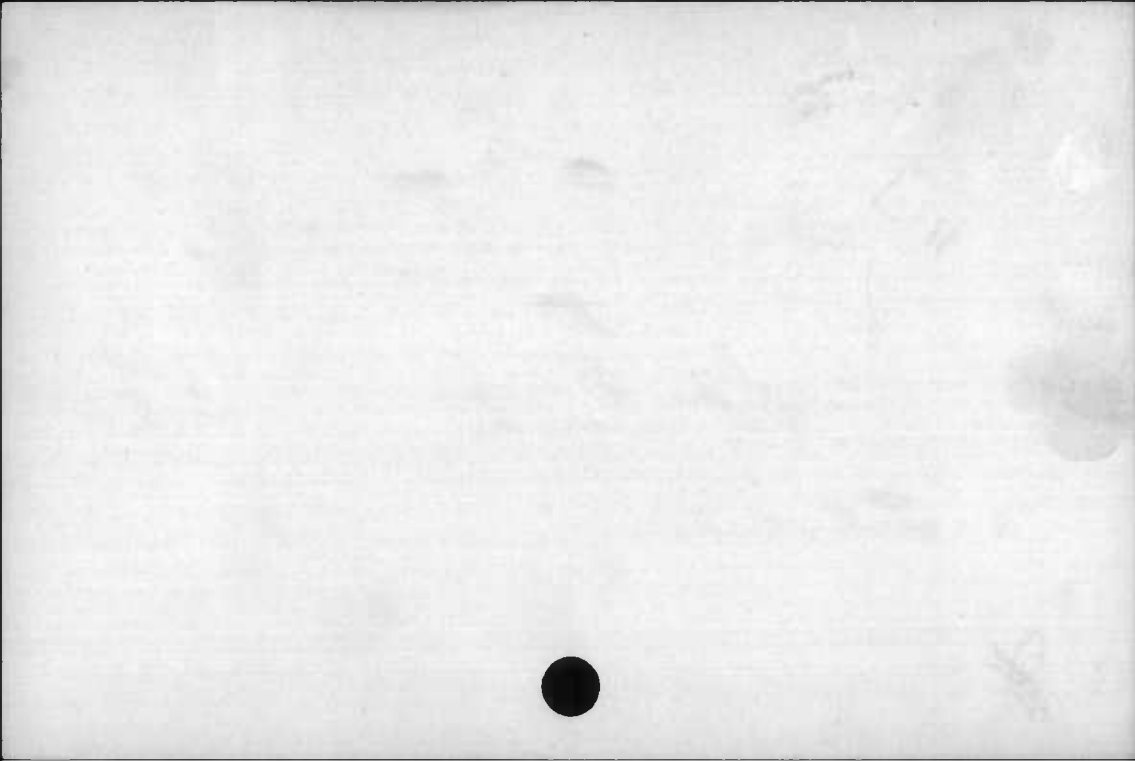
Died at <i>Falkner</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Feb</i>	Day <i>2</i>	Age	Years Months Days
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jane Short</i>				
Father's Name <i>Harry Short</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Not Known</i>				
Name of person giving information <i>William S Short</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

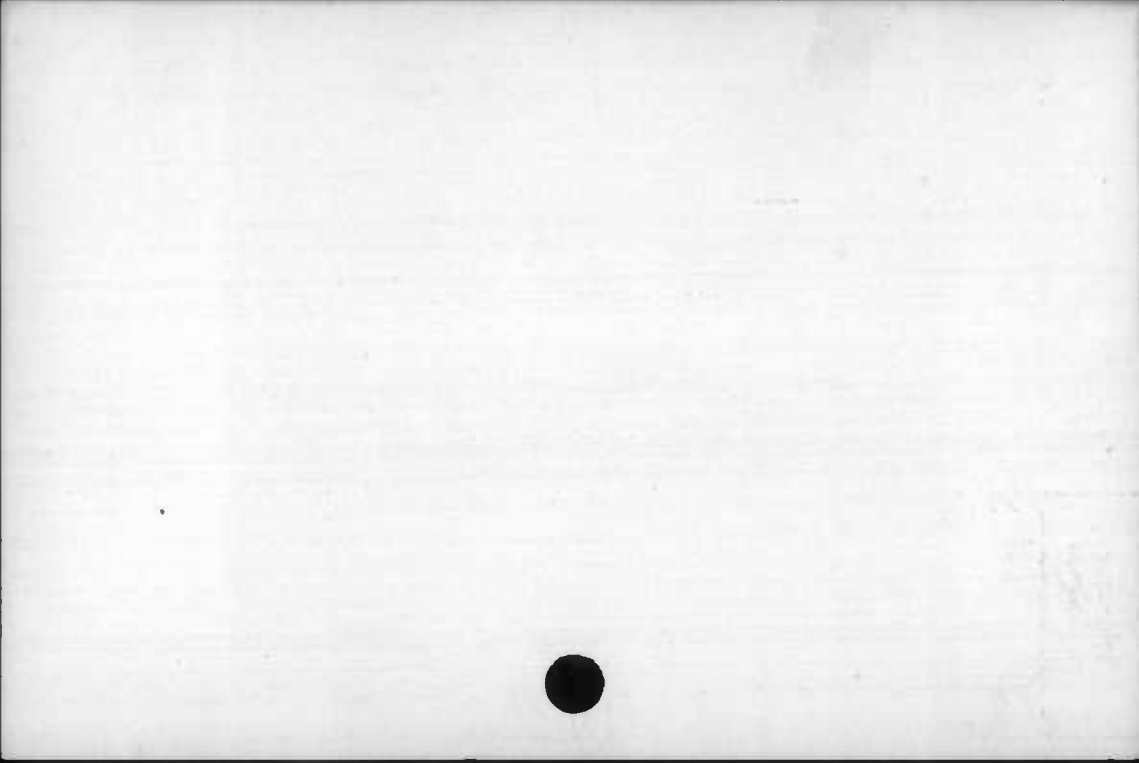
Primary <i>Cancer Stomach & Liver</i>	How long <i>18 months</i>
Immediate <i>Supplicative</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Shumers</i>
<input checked="" type="checkbox"/> Accident or Suicide?	Address <i>Blue Ash</i>
	<i>Ind</i>



Name in Full		Fredrick Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Port Stoes		County		
		Date of death		1909	Month	2	Day	25
		Age		12	Years		Months	
		Sex		m.	Color or Race	C neg	Birth-place	Ind
		Occupation		none	Where Residing, not at place of death			
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Peter Smith		Father's Birthplace		
		Mother's Maiden Name		Mary Smith		Mother's Birthplace		
		Name of person giving information		Peter Smith		How related to deceased		
		CAUSES OF DEATH				(27)		
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		
		Immediate		Aschemia. Heart Failure		How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. L. Hammond		
		Address		La Plata		Ind		
		Accident or Suicide?						



Name in Full		Manual. Bernard. Taylor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Dorchester</i>		^{County} <i>Charles</i>		MARYLAND		
	Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>27</i>	Age <i>1</i>	Months <i>3</i>	Days	
	Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
	Occupation <i></i>			Where Residing if not at place of death <i></i>			
	Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>				
	Father's Name <i>Obadiah Taylor</i>			Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Daisy Thomas</i>			Mother's Birthplace <i>Ind</i>			
4	Name of person giving information <i>Carlton Thomas</i>			How related to deceased <i>Uncle</i>			
	CAUSES OF DEATH				71		
PHYSICIAN OR CORONER	Primary <i>Sparms</i>			How long <i></i>			
	Immediate <i></i>			How long <i></i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>James E. Wheeler</i>			
	<i>J</i>			Address <i>Grayton Ind</i>			
	Accident or Suicide? <i></i>			<i>Sick - Registrar</i>			



Name
in
Full

Frances Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

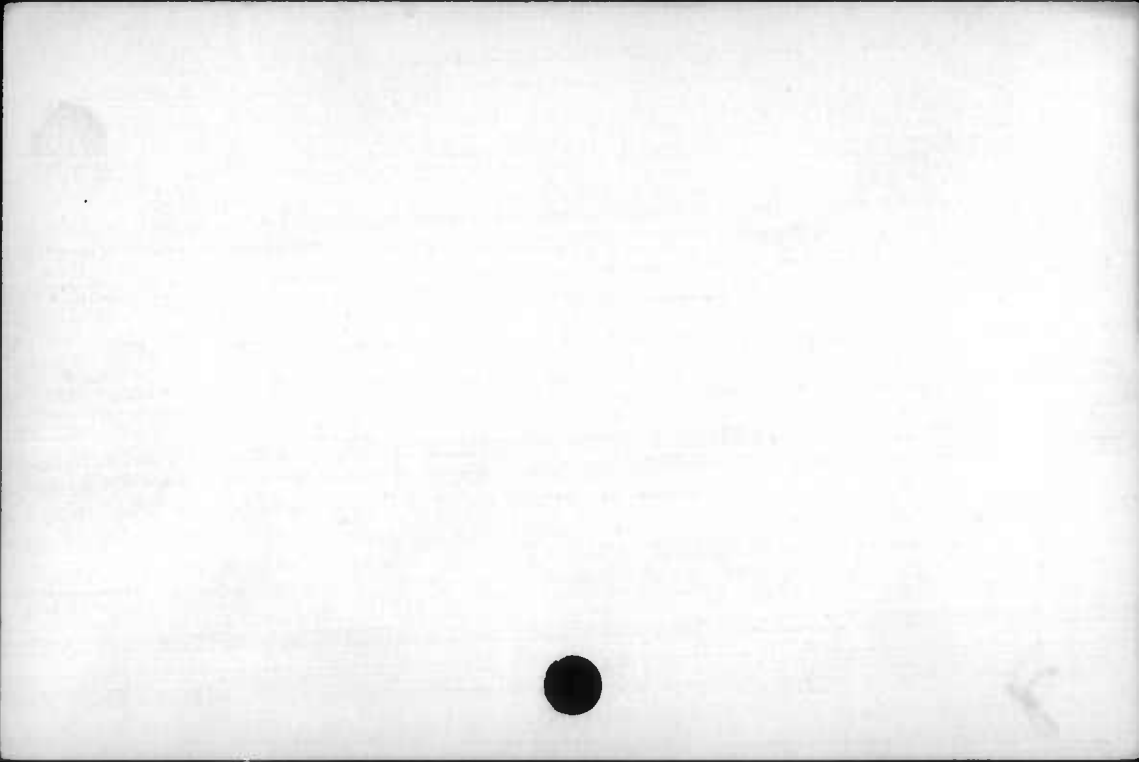
Died at		Town <i>Wicomico</i>		County <i>Charles</i>		MARYLAND	
Date of death		Month <i>Feb.</i>	Day <i>5</i>	Age <i>39</i>	Years	Months <i>8</i>	Days <i>21</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birthplace	<i>Newport Md.</i>
Occupation	<i>House Work</i>			Where Residing if not at place of death <i>Wicomico Md.</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John Thomas</i>				
Father's Name	<i>Moses Ford</i>					Father's Birthplace	<i>?</i>
Mother's Maiden Name	<i>Lucinda Ford</i>					Mother's Birthplace	<i>?</i>
Name of person giving information	<i>John Thomas</i>					How related to deceased	<i>None</i>

CAUSES OF DEATH

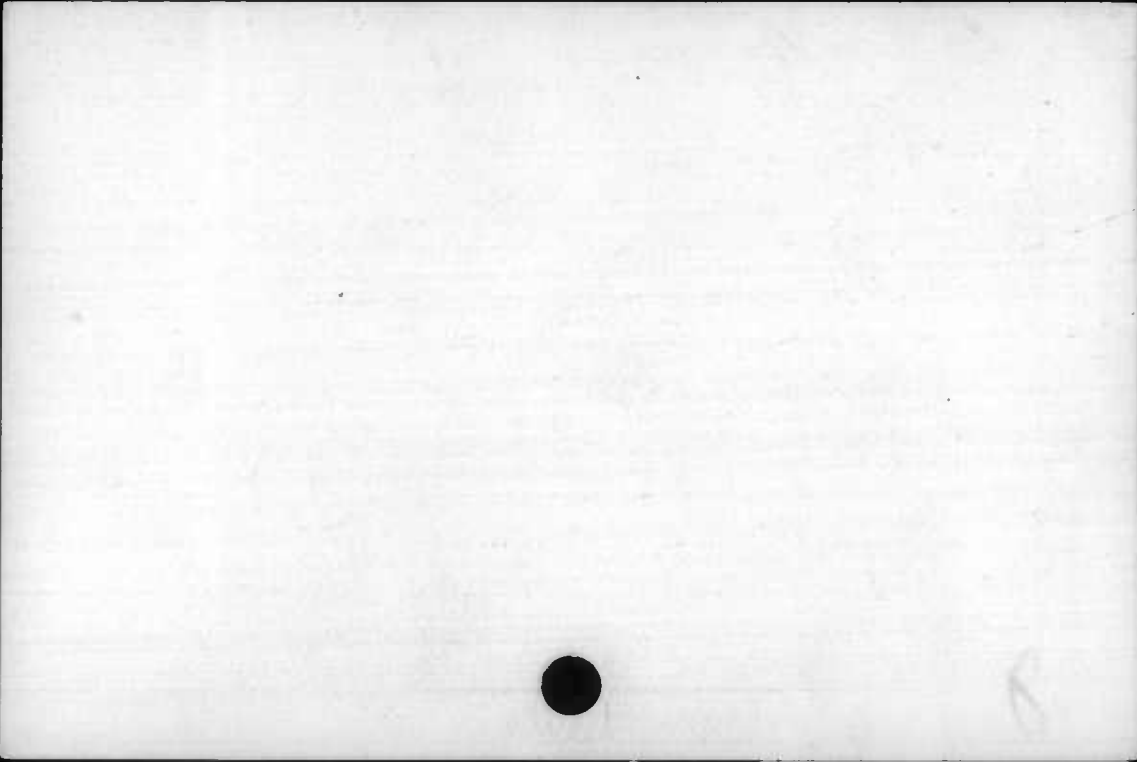
120

PHYSICIAN
OR CORONER

Primary	<i>Uræmia</i>	How long	<i>6 months</i>
Immediate	<i>Heart failure</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J.E. Jamison M.D.</i>	
<i>Yes</i>		Address <i>Newport, Md.</i>	
Accident or Suicide?			



Name in Full J. Arthur Ward		CERTIFICATE OF DEATH	
Died at Newport Town		Charles County	
Date of death 1909 Feb. 22		Age 33 Months 8 Days 24	
Sex Male		Color or Race White	
Occupation Farmer		Birth-place Charles Co.	
Where Residing if not at place of death Newport			
Married, Single or Widowed Married		Name of Wife or Husband Nortense Ward	
Father's Name Thomas Ward		Father's Birthplace P. Geo. Co.	
Mother's Maiden Name Celestia Mattingly		Mother's Birthplace Charles Co.	
Name of person giving information Henry M. Ward		How related to deceased Brother	
		<div>CAUSES OF DEATH</div> <div>93</div>	
Primary Pneumonia		How long 3 days	
Immediate Cardiac Failure		How long 8 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician F. E. Jameson M.D.	
		Address Newport	
		Chas. Co. Md.	
Accident or Suicide? _____			



Name
in
Full

David. Statson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hlymont</i> Town		<i>Chesler</i> County		MARYLAND	
Date of death	1909	Month	Feb.	Day	23
Age		Not Known		Months	X
Sex		male		Color or Race	white, Italian
Birth-place		Italy		Where Residing if not at place of death	St. Albans, W.C.
Occupation		musician		Name of Wife or Husband	
Married, Single or Widowed		Not Known		+	
Father's Name		Not Known		Father's Birthplace	
Mother's Maiden Name		"		Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

179

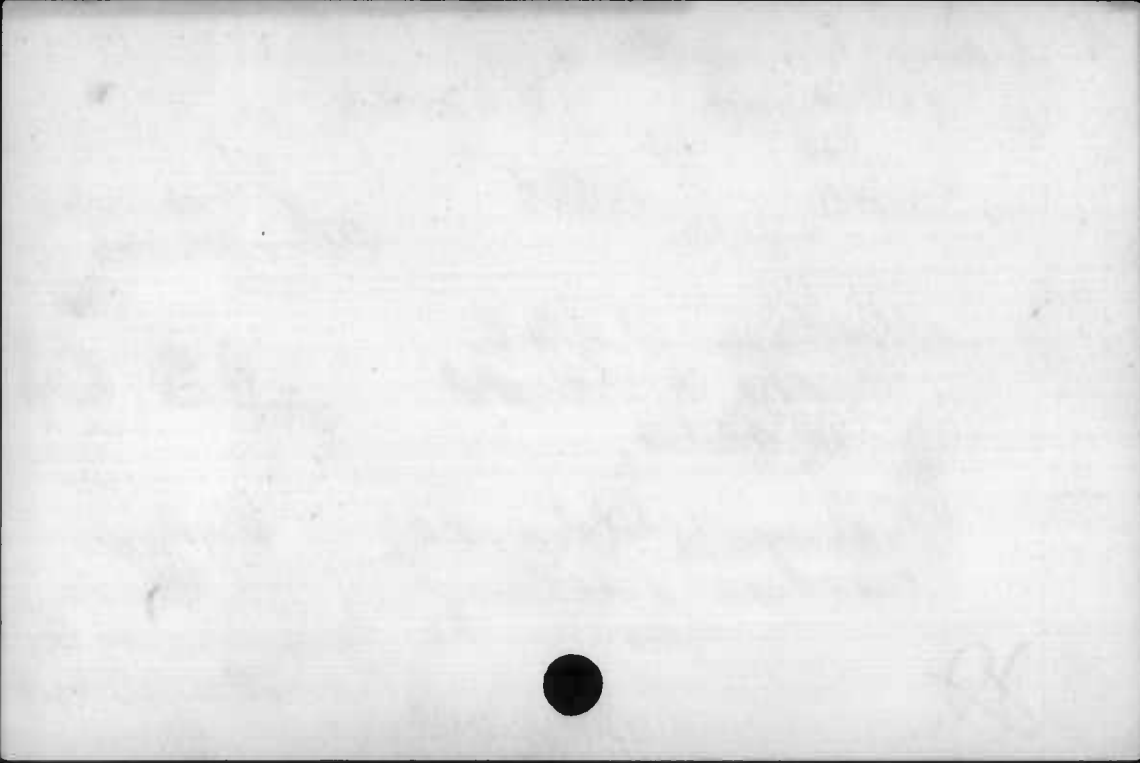
PHYSICIAN
OR CORONER

Primary	<i>Not Known</i>	How long	
Immediate	" "	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Richard T. Knott</i>	
		Address	
		<i>Coroner</i>	
Accident or Suicide?		<i>over</i>	

This man dropped dead while waiting
for steamer, he was not a resident
here and very little information can
be given in regard to him.

R H Dement
Sub Registrar

Name in Full		Mary ann White				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND		
		newtown		Charles					
		Date of death	1909	Month	Feb	Day	20	Age	68
		Sex	female		Color or Race	white		Birthplace	England
		Occupation	housewife		Where Residing if not at place of death				
		Married, Single or Widowed	married		Name of Wife or Husband		James white		
		Father's Name	Thomas. Prichin				Father's Birthplace	England	
Mother's Maiden Name	Sarah Brain				Mother's Birthplace	England			
Name of person giving information	Thos H White				How related to deceased	Son			
4		CAUSES OF DEATH				64			
PHYSICIAN OR CORONER		Primary				How long			
		Cerebral Hemorrhage				3 day			
		Immediate				How long			
		Cardiac & respiratory paralysis				gradual found hanging 1 1/2 weeks			
		Are the name, age, sex, color, date and place correctly given above?				yes			
X		Signature of Physician				Thos. S. Owen, M.D.			
		Address				La Plata			
Accident or Suicide?		no				M.D.			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Louie Gilbert Yates

Town *Wicomico* County *Charles* MARYLAND

Died at *Wicomico*

Date of death *1909 Feb. 21* Age *4* Months *0* Days *16*

Sex *Male* Color or Race *White* Birth-place *Wicomico*

Occupation *_____* Where Residing if not at place of death *Wicomico*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*

Father's Name *William S. Yates* Father's Birthplace *H. Marys Co.*

Mother's Maiden Name *Mary L. Budd* Mother's Birthplace *Charles Co.*

Name of person giving information *Father* How related to deceased *_____*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia (with Hepatitis)* How long *8 days*

Immediate *Cardiac Failure* How long *11 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *F. E. Jamieson M. D.* Address *Newport, Mo.*

Accident or Suicide? *_____*

